

CHILD PLACING AGENCY CASE REPORT MODULE

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SWSS Project

USER REQUIREMENTS

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1 INTRODUCTION

1.1 Purpose

Presently the method of passing data between FIA and the agencies that have been contracted to provide services to foster care, JJ and adoption is cumbersome at best. A method of combining as much data as possible into a single format that the worker can request from the system and forward onto the private agency can enhance efficiency.

1.2 Target Audience

This document is intended for SWSS development staff, who will be developing a Detailed Design document to address the requirements listed in this document. It will also be of interest to development staff charged with maintaining the SWSS automated system.

The following personnel may also be interested:

- SWSS Trainers
- FIA Help desk personnel
- SWSS advance users
- SWSS project staff tasked with developing the User's guide
- Zone Children's services specialists
- CFS Policy Office Staff

2 MODULE NARRATIVE

The contract agency's worker's efforts are essential in assisting the FIA worker in getting the necessary information to open a case for services, to process payment and to maintain the case. The information that FIA's foster care worker has received from the protective services worker will need to be supported with the information that the contract agency has been able to gather. In the current business process, getting this needed information from the contract agency (who has contact with the family) is often a lengthy process with unsatisfactory results.

3 NAVIGATION FLOW

3.1 Screen Interaction

This module is available from the Report Generation on the Main Menu of SWSS. When this function is selected, the screen is opened and it displays a pick list of the Log Numbers of the worker's cases. The Log Number which the user has entered on the Main Menu is selected by default on the Pick list. The user can then select the Print Preview button to see the preview of the form for the selected Log number. If satisfied with the preview the worker selects the Printer icon to print the report; or selects close to the preview screen and return to the main screen. The worker can select the close button to exit the Report Generation Menu.

3.2 System Flow

This module does not systematically support any other module. However, if the foster care or JJ case is serviced by a contract agency, this module must produce the document that will enable users to collect enough information to support other modules.

This document, after printing, is given to the contract agency worker. The contract agency worker then completes or updates the information and returns the completed form to FIA's worker. The FIA worker then enters all the case information from the form into the corresponding sections of the SWSS.

4 REQUIREMENTS LIST

4.1 Screen, Data, Output, Module, and Out-of-Module Requirements

The following requirements were derived from the original requirements documents written by policy staff for the SWSS project. Any ensuing memos, emails, or test plans regarding the project were also searched. It is intended to be a comprehensive list of all requirements pertaining to the CPA Case Report module. Each individual requirement has a unique identifier; the two letter prefix identifies this particular module (CP = CPA Case Report).

The list is to be used in a Requirements Traceability Matrix, which will be comprised of all the requirements for all the SWSS modules, so that the status of each requirement can be tracked and verified.

CP-1 SCREEN REQUIREMENTS

- CP-1.1 There must be a screen to print FIA – 719 or CPA Case Report form.
- CP-1.2 There must be mechanism to display all the cases (except those which have been closed or withdrawn) for the logged in user on the screen to select a case to print the FIA 719.
- CP-1.3 There must be a mechanism to preview the form before printing.
- CP-1.4 There must be mechanism to Print the Form 719.
- CP-1.5 There must be a mechanism to return to the source screen i.e. the Report generation screen after closing the CPA Case Report screen.

CP-2 DATA EDITING REQUIREMENTS

- CP-2.1 There is no data editing allowed in the CPA Case Report module.

CP-3 OUT-OF-MODULE REQUIREMENTS:

- CP-3.1 This module gathers data input in the other SWSS sections and provides a mechanism to print the data in an organized report.

CP-4 MODULE REQUIREMENTS:

- CP-4.1 This module should initially get the log number from the common area of SWSS and display that as selected in the log number pick list on the screen. When worker selects the log number and selects the print preview button, the module collects all the data for the selected case.
- CP-4.2 There must be a process to read each of the following info sections of the case print on the report
 - CP-4.2.1 Child Information
 - CP-4.2.2 Legal Placement

CP-4.2.3	Education
CP-4.2.4	Member
CP-4.2.5	Funding Source
CP-4.2.6	Medical
CP-4.2.7	Immunization History
CP-4.2.8	Health insurance
CP-4.3	There must be an initial and an update version of the FIA-719:
CP-4.3.1	The Initial Version of the FIA-719 must include all data elements described below.
CP-4.3.2	The update version of the FIA-719 must not print out the Funding Source data.
CP-4.4	There must be a mechanism to print an entirely blank version of the FIA-719.
CP-4.5	If the user performs an action upon the database after the database has timed the user out, SWSS must automatically reconnect to the database and continue working.
CP-4.6	Central Office users (county 84) need inquiry access for case information.

CP-5 OUTPUT REQUIREMENTS

CP-5.1 FIA – 719

CP-5.2 Header on first page

CP-5.2.1 Contract agency name

CP-5.2.2 Local FIA office name

CP-5.2.3 Contract agency worker's name

CP-5.2.4 FIA worker's name

CP-5.3 Header on all other Pages

CP-5.3.1 Case name

CP-5.3.2 Case number

CP-5.3.3 Log number

CP-5.3.4 FIA Worker Tel #

CP-5.4 Child information

CP-5.4.1	Last name
CP-5.4.2	First name
CP-5.4.3	Middle name
CP-5.4.4	AKA name
CP-5.4.5	Case number
CP-5.4.6	Client ID
CP-5.4.7	Sex
CP-5.4.8	DOB
CP-5.4.9	DOB estimated
CP-5.4.10	Religion code
CP-5.4.11	Previously adopted
CP-5.4.12	Age at previous adoption
CP-5.4.13	Language code
CP-5.4.14	SSN
CP-5.4.15	Primary race
CP-5.4.16	Other race 1
CP-5.4.17	Other race 2
CP-5.4.18	Other race 3
CP-5.4.19	Other race 4
CP-5.4.20	Migrant
CP-5.4.21	Hispanic or latino ethnicity
CP-5.4.22	Question: "Does child have any North American Indian Heritage?" asked
CP-5.4.23	Tribal documentation
CP-5.4.24	Tribe
CP-5.4.25	Recommended type of foster home
CP-5.4.26	Recommended number of foster parents
CP-5.4.27	Recommended foster home is coed

CP-5.4.28 Description of disabilities

CP-5.4.29 US Citizen

CP-5.4.29.1 Qualified Alien

CP-5.4.29.2 Alien Status Code.

CP-5.4.30 Question: "Is child attending school?"

CP-5.4.31 Caretaker Family Structure

CP-5.5 Legal data section

CP-5.5.1 Date of Petition

CP-5.5.2 Petition Type

CP-5.5.3 Legal status code and description

CP-5.5.4 Last hearing date

CP-5.5.5 Type of hearing

CP-5.5.6 Next hearing date

CP-5.5.7 Date Parental Rights of Mother terminated.

CP-5.5.8 Date Parental Rights of Father terminated.

CP-5.5.9 Court Report Due Date

CP-5.6 Placement data section

CP-5.6.1 Provider Numbers: Agency # and Foster Home #

CP-5.6.2 Placement Begin Date

CP-5.6.3 Licensed Foster Parents/ Relatives Name(s)

CP-5.6.4 Unlicensed Relatives Name(s) with note in bold that a Member Information page must be completed for each relative.

CP-5.6.5 Unlicensed Caretaker family Structure*

CP-5.7 Education data section

CP-5.7.1 School district

CP-5.7.2 Name of school

CP-5.7.3 Address

CP-5.7.4 City

CP-5.7.5	State code
CP-5.7.6	Zip : Zip Plus
CP-5.7.7	Telephone number
CP-5.7.8	Fax number
CP-5.7.9	Type of education*
CP-5.7.10	School program*
CP-5.7.11	Grade*
CP-5.7.12	Attended from
CP-5.7.13	To
CP-5.7.14	Special education code
CP-5.7.15	Copy of IEP has been received – Answer ‘Yes’, ‘ No’ and ‘Date received’ if ‘Yes’ is checked.

CP-5.8 Member data section

CP-5.8.1	Name
CP-5.8.2	Relation
CP-5.8.3	Address
CP-5.8.4	City
CP-5.8.5	State code
CP-5.8.6	Zip : Zip plus
CP-5.8.7	Phone number
CP-5.8.8	Alternate phone number
CP-5.8.9	Sex
CP-5.8.10	DOB
CP-5.8.11	DOB estimated
CP-5.8.12	Legal parent of the child
CP-5.8.13	Marital status
CP-5.8.14	Was bio mother married at the time of birth
CP-5.8.15	SSN

CP-5.8.16	Religion
CP-5.8.17	Language code
CP-5.8.18	Education code
CP-5.8.19	Occupation
CP-5.8.20	Primary race/sovereignty
CP-5.8.21	Other race code 1
CP-5.8.22	Other race code 2
CP-5.8.23	Other race code 3
CP-5.8.24	Other race code 4
CP-5.8.25	Migrant status
CP-5.8.26	Hispanic or Latino ethnicity
CP-5.8.27	Was child/youth living with this person at the time of removal
CP-5.8.28	Person have primary caretaker responsibilities
CP-5.8.29	Person have secondary caretaker responsibilities
CP-5.8.30	Person shows active interest in the ward
CP-5.8.31	Person can be contacted in emergency
CP-5.8.32	Person have legal custody of child
CP-5.8.33	Is person deceased? (only for parents)
CP-5.8.34	Date of death (If deceased)
CP-5.8.35	Is person retired? (only for parents)
CP-5.8.36	Date of retirement (If retired)
CP-5.8.37	Is person disabled? (only for parents)
CP-5.8.38	Date of disability(If disabled)
CP-5.8.39	Is person veteran? (only for parents)
CP-5.8.40	Date of service from (If veteran)
CP-5.8.41	Date of service to (If veteran)
CP-5.8.42	Data for additional Case Members (Blank page for additional case members)

CP-5.9 Funding source data

- CP-5.9.1 Did the youth live with a specified relative at the time of court action?
- CP-5.9.2 Name of the Person youth lived with at the time of court action
- CP-5.9.3 Relationship of this person with the youth
- CP-5.9.4 If youth did not live with a specified relative at the time of court action, did the youth live with a specified relative six months prior to court action?
- CP-5.9.5 Relationship of this person with the youth
- CP-5.9.6 Date child left home

CP-5.9.7 Youth living with one parent :

- CP-5.9.7.1 Primary reason if one parent is absent (divorce pending, institutionalized, separation, deserted, divorced, imprisonment, single/unmarried, deceased)
- CP-5.9.7.2 Absent parent is mother or father
- CP-5.9.7.3 Last name of absent parent
- CP-5.9.7.4 First name
- CP-5.9.7.5 Middle initial
- CP-5.9.7.6 Address
- CP-5.9.7.7 City
- CP-5.9.7.8 State code
- CP-5.9.7.9 Zip: Zip plus
- CP-5.9.7.10 Phone number

CP-5.9.8 Youth living with both parents:

- CP-5.9.8.1 Are one or both parents too sick to work?
- CP-5.9.8.2 Father's type of illness
- CP-5.9.8.3 Father's description of illness
- CP-5.9.8.4 Father's duration of illness
- CP-5.9.8.5 Mother's type of illness
- CP-5.9.8.6 Mother's description of illness

CP-5.9.8.7 Mother's duration of illness

CP-5.9.9 Parent's income and employment:

CP-5.9.9.1 Which parent earned the greater amount of money during the 24 months prior to filing of the petition?

CP-5.9.9.2 Did the parent work less than 100 hours in the calendar month that the petition was filed?

CP-5.9.9.3 Does the parent receive unemployment compensation

CP-5.9.9.4 Did the parent receive unemployment compensation during the 12 month period prior to the filing of the petition

CP-5.9.9.5 Did the parent work at least 6 quarters of the last 3 and quarter years preceding the filing of the petition?

CP-5.9.10 Parent's recent work history

CP-5.9.10.1 Place of employment

CP-5.9.10.2 Employment from date

CP-5.9.10.3 Employment to date

CP-5.9.11 Parent's income details

CP-5.9.11.1 Last name

CP-5.9.11.2 First name

CP-5.9.11.3 Middle initial

CP-5.9.12 List by pay date the amounts of income received during the month for which the removal petition was filed for each employed member

CP-5.9.12.1 Name of the person

CP-5.9.12.2 Check's Sr. #

CP-5.9.12.3 Check date

CP-5.9.12.4 Check amount

CP-5.9.13 Day care expenses paid by the parent for dependents during the month that the removal petition was filed

CP-5.9.13.1 Number of dependents under age of 2 years

CP-5.9.13.2 Number of dependents between ages 2 to 14 years

CP-5.9.13.3 Day care expenses paid for each child under 2

CP-5.9.13.4 Day care expenses paid for each child between age 2 and 14

CP-5.9.14 Asset details

CP-5.9.14.1 Value of primary vehicle

CP-5.9.14.2 Value of vehicle – 2

CP-5.9.14.3 Value of vehicle – 3

CP-5.9.14.4 Value of vehicle – 4

CP-5.9.14.5 Real estate value for entire family

CP-5.9.14.6 Real estate value available to youth for his/her use

CP-5.9.14.7 Social security lump settlement for entire family

CP-5.9.14.8 Social security lump settlement for youth

CP-5.9.14.9 Trust funds value for entire family

CP-5.9.14.10 Trust funds value for youth

CP-5.9.14.10.1 Available for the youth's living expenses? (Y/N)

CP-5.9.14.11 Savings and/or checking accounts value for entire family

CP-5.9.14.12 Savings and/or checking accounts value for youth

CP-5.9.14.13 Cash on hand or held by another for entire family

CP-5.9.14.14 Cash on hand or held by another for youth

CP-5.9.14.15 Stocks and/or bonds for entire family

CP-5.9.14.16 Stocks and/or bonds for youth

CP-5.9.14.17 Life insurance policy for entire family

CP-5.9.14.18 Life insurance policy for youth

CP-5.9.14.19 Motorcycles, boats, snowmobiles, campers, etc. value for entire family

CP-5.9.14.20 Motorcycles, boats, snowmobiles, campers, etc. value for youth

CP-5.9.14.21 Other property value for entire family

CP-5.9.14.22 Other property value for youth

CP-5.9.15 Unearned income

CP-5.9.15.1 Unemployment compensation for entire family

- CP-5.9.15.2 Unemployment compensation for youth
- CP-5.9.15.3 Child support for entire family
- CP-5.9.15.4 Child support for youth
- CP-5.9.15.5 Social security benefits (RSDI) for entire family
- CP-5.9.15.6 Social security benefits for youth
- CP-5.9.15.7 Supplemental security income(SSI) for entire family
- CP-5.9.15.8 Supplemental security income(SSI) for youth
- CP-5.9.15.9 Veterans benefits for entire family
- CP-5.9.15.10 Veterans benefits for youth
- CP-5.9.15.11 Worker's Compensation for entire family
- CP-5.9.15.12 Worker's Compensation for youth
- CP-5.9.15.13 Disability benefits for entire family
- CP-5.9.15.14 Disability benefits for youth
- CP-5.9.15.15 Retirement benefits for entire family
- CP-5.9.15.16 Retirement benefits for youth
- CP-5.9.15.17 Military allotments for entire family
- CP-5.9.15.18 Military allotments for youth
- CP-5.9.15.19 Gaming distributions & casino for entire family
- CP-5.9.15.20 Gaming distributions & casino for youth
- CP-5.9.15.21 Other unearned income for entire family
- CP-5.9.15.22 Other unearned income for youth

CP-5.10 Medical data section ¹

CP-5.10.1 Primary physician

- CP-5.10.1.1 Physician's last name
- CP-5.10.1.2 First name
- CP-5.10.1.3 Middle initial

¹ Not available electronically in Phase I

CP-5.10.1.4 Address

CP-5.10.1.5 City

CP-5.10.1.6 State code

CP-5.10.1.7 Zip : Zip plus

CP-5.10.1.8 Telephone number

CP-5.10.2 Present check-ups

CP-5.10.2.1 Date of last physical

CP-5.10.2.2 Date physician signed report

CP-5.10.2.3 Was copy given to foster parents?

CP-5.10.2.4 Date of last dental

CP-5.10.2.5 Date dentist signed report

CP-5.11 Immunization history data section

CP-5.11.1 DTP shot date first to shot date fifth

CP-5.11.2 Polio shot date first to shot date fourth

CP-5.11.3 TB test shot date first to shot date fourth

CP-5.11.4 Hep. B shot date first to shot date third

CP-5.11.5 MMR shot date first to shot date two

CP-5.11.6 Other shot dates and descriptions

CP-5.12 Insurance data (non-Medicaid) Section

CP-5.12.1 Primary/ secondary

CP-5.12.2 Name of insurance company

CP-5.12.3 Policy holder's last name

CP-5.12.4 SSN

CP-5.12.5 Employer name

CP-5.12.6 Employer's address

CP-5.12.7 City

CP-5.12.8 State code

CP-5.12.9 Zip : Zip plus

CP-5.12.10 Group/policy #

CP-5.12.11 Certificate / contract #

CP-5.12.12 Service / coverage code

CP-6 MISCELLANEOUS REQUIREMENTS

CP-7 EXAMPLE OUTPUT

Gather and include the forms and letters generated by this module. If possible, mark up the examples to explain the data fields to show the source or whether or not it is required.

CONTRACT AGENCY _____ WKR: _____
LOCAL FIA OFFICE _____ WKR: _____

FIA 719 1
Initial/update/review

CONTRACT AGENCY FOSTER CARE CASE DATA REPLY

Please complete this form with as much detail as possible. Indicate any discrepancy noted.

*Refer to data code sheet

CHILD DATA:

Last Name _____ First Name _____ MI _____ Case # _____
DOB ____/____/____ Was DOB Estimated? Yes ☐ No ☐ Sex Female ☐ Male ☐ Recipient ID# _____
Religion * _____ Previously Adopted? Yes ☐ No ☐ Age at adoption ____ mos. ☐ yr.
Language* _____ SSN ____-____-____

Primary Race _____ *	Has child ever been diagnosed as having a disability? _____ *
Multiple Racial Codes:	Check all that applies:
Secondary race - 1 st _____ *	Mental retardation _____
Secondary race - 2 nd _____ *	Visually or hearing impaired _____
Migrant Status Yes <input type="checkbox"/> No <input type="checkbox"/>	Physically disabled _____
Hispanic Ethnicity _____ *	Emotionally disturbed _____
Tribal Documentation Yes <input type="checkbox"/> No <input type="checkbox"/>	Other medically diagnosed condition _____

EDUCATIONAL DATA

School District _____
Name of School _____ Address _____
City _____ State _____ Telephone _____
Type of Education _____ School Program _____
Grade _____ Attended from ____/____/____ to ____/____/____

SPECIAL EDUCATION DETAILS:

Special Education Code* _____ A copy of the IEP has been received? ☐ Yes ☐ No
Does the Agency have parental consent to enroll the child in Special Education? ☐ Yes ☐ No

PLACEMENT INFO:

Foster parent(s): Name _____
Add: _____
City: _____ Zip _____

Provider's #s: Agency _____ Foster Parents _____

DATE CHILD ENTERED CURRENT FOSTER PARENT'S HOME

LEGAL:

Date of adjudication: _____ Type: TCW ☐ PCW ☐ MCI ☐
Last hearing date: ____/____/____ Type of hearing: _____
Next hearing date: ____/____/____ Type of hearing: _____

Case Name _____
Case # _____

2
Initial/update

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

Parents*/relative/others**

Name _____ Relationship to child _____ (see codes)
Address _____ DOB: ____/____/____
City _____ SSN: ____-____-____
State _____ ZipCode _____ Marital Status _____ (see codes)
Telephone # ____-____-____ Language _____ (see codes)
Primary race _____ (see codes) Education _____ (see codes) Occupation _____
Secondary race code 1st - _____ Religion _____ (see codes)
Secondary race code 2nd - _____

HISPANIC ETHNICITY YES ☐ NO ☐

TRIBAL DOCUMENTATION YES ☐ NO ☐

***** Complete this section for parents only**

Government Benefits

Deceased?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of death	____/____/____
Retired?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of retirement	____/____/____
Disabled?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Date of disability	____/____/____
Veteran?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Dates of service	from ____/____/____ to ____/____/____

At the time of removal was the youth living with this person? Yes ☐ No ☐ If yes, continue.

Does this person have primary caretaking responsibilities? ☐ Yes ☐ No

If yes, Caretaker Family Structure _____ *

Does this person have secondary caretaking responsibilities? Yes ☐ No ☐

Does this person show an active interest in the ward? Yes ☐ No ☐

Is this person to be contacted in case of an emergency? Yes ☐ No ☐

Case Name _____
Case # _____

3

Initial/Signature _____

FUNDING SOURCE DATA:

Did the youth live with a parent, stepparent, grandparent, brother, sister, aunt, uncle, niece, nephew, or cousin at the time of court action? Yes ☐ If yes, Name _____ relationship _____
No ☐ If no,

Did the youth live with one of these relatives within the six months prior to this court action?
Yes ☐ If yes, Name _____ relationship _____ Date left home _____
No ☐

Youth living with one Parent:

Primary reason other parent is absent:

- | | |
|-------------------------------------------|--------------------------------------------|
| <input type="checkbox"/> Separation | <input type="checkbox"/> Deserted |
| <input type="checkbox"/> Divorce Pending | <input type="checkbox"/> Institutionalized |
| <input type="checkbox"/> Divorced | <input type="checkbox"/> Imprisonment |
| <input type="checkbox"/> Single/unmarried | <input type="checkbox"/> Deceased |

Absent Parent:

☐ Father ☐ Mother

Last Name _____ First Name _____ MI _____
Address _____
City _____ State _____ Zip _____ - _____

Youth living with BOTH parents:

A. Are one or both parents sick to work? **to**
☐ Yes ☐ No - If no; skip

If Yes;

Nature of Illness:

Father: Type of Illness _____
Expected duration of Illness _____

Mother: Type of Illness _____
Expected duration of Illness _____

B. Parent's Income and Employment

Which parent earned the greater amount of money during the 24
Period prior to filing of the petition?

Father ☐ Mother ☐

- a. Did that parent work less than 100 hours in the calendar
Month that the petition was filed? Yes ☐ No ☐
- b. Does that parent receive Unemployment Compensation Yes ☐ No ☐
- c. Did that parent receive Unemployment Compensation
During the 12 month period prior to the filing of the petition Yes ☐ No ☐
- d. Did that parent work at least 6 quarters of the last 3 and a quarter (3 1/4)
years preceding the filing of the petition? Yes ☐ No ☐

If the above question (d) is answered yes, complete the following:

Case Name _____

Case # _____

Youth living with BOTH parents

Initial/Date _____

Parent's Income & Employment
Parent's recent work history

Place of employment	Employment		Duration
	From	To	
1. _____	____/____/____	____/____/____	
2. _____	____/____/____	____/____/____	
3. _____	____/____/____	____/____/____	
4. _____	____/____/____	____/____/____	
5. _____	____/____/____	____/____/____	
6. _____	____/____/____	____/____/____	

Youth living with relative----neither parent

This relative is an ineligible grantee-do not include that person's income and Resources when completing this form!!!!!!

Income Details:

List of persons with earned income:(Use attachment for additional detail)

Last Name	First	MI
_____	_____	_____
_____	_____	_____
_____	_____	_____

Use these sections to add information regarding earned income of the parent or a sibling 16 years or older who is working and not attending school in the child's family home. Only report income that was received the month that the petition was filed.

PERSON 1: Last Name _____ First _____

Check Date (MMDDYYYY format)

Check Amount

1. ____/____/____ \$ _____
 2. ____/____/____ _____
 3. ____/____/____ _____
 4. ____/____/____ _____
 5. ____/____/____ _____

Person 2: Last Name _____

First _____

Check Date (MMDDYYYY format)

Check Amount

1. ____/____/____ \$ _____
 2. ____/____/____ _____
 3. ____/____/____ _____
 4. ____/____/____ _____
 5. ____/____/____ _____

Case Name _____
Case # _____

Initial/Signature _____

Indicate any daycare expenses paid by the parent for dependents at the time of placement:

Indicate number of dependents under age of 2 years _____

Indicate number of dependents ages 2 to 14 years _____

Enter monthly Day Care expenses paid for each dependent in each age range:

Under age of 2 yr. \$ _____ Between 2 to 14 yr. \$ _____

Under age of 2 yr. \$ _____ Between 2 to 14 yr. \$ _____

Under age of 2 yr. \$ _____ Between 2 to 14 yr. \$ _____

Under age of 2 yr. \$ _____ Between 2 to 14 yr. \$ _____

Under age of 2 yr. \$ _____ Between 2 to 14 yr. \$ _____

Under age of 2 yr. \$ _____ Between 2 to 14 yr. \$ _____

ASSETS DETAIL

Vehicle - ☐ 1. Primary Vehicle ☐ Vehicle-2 ☐ Vehicle-3 ☐ Vehicle-4
\$ _____ \$ _____ \$ _____ \$ _____

Property Details:

	Value amt. For entire family	Amt. available to youth for his/her use
<input type="checkbox"/> a. Real Estate (Not Homestead)	\$ _____	\$ _____
<input type="checkbox"/> b. Social Security - Lump Settlement	_____	_____
<input type="checkbox"/> c. Trust Funds	_____	_____
<input type="checkbox"/> d. Saving and/or Checking Accounts	_____	_____
<input type="checkbox"/> e. Cash on hand or Held by another.	_____	_____
<input type="checkbox"/> f. Stocks and/or Bonds	_____	_____
<input type="checkbox"/> g. Life Insurance Policies (cash or loan value)	_____	_____
<input type="checkbox"/> h. Motorcycles, Boats, Snowmobiles, Campers, etc.	_____	_____
<input type="checkbox"/> j. Other (specify) _____	_____	_____

Unearned Income:

	Monthly amt Available To entire family	Mnthly amt Available to child for his/her use
<input type="checkbox"/> a. Unemployment Compensation	\$ _____	\$ _____
<input type="checkbox"/> b. Child Support	_____	_____
<input type="checkbox"/> c. Social Security Benefits (RSDI)	_____	_____
<input type="checkbox"/> d. Supplemental Security Income (SSI)	_____	_____
<input type="checkbox"/> e. Veterans Benefits	_____	_____
<input type="checkbox"/> f. Worker's Benefits	_____	_____
<input type="checkbox"/> g. Disability Benefits	_____	_____
<input type="checkbox"/> h. Retirement Benefits	_____	_____
<input type="checkbox"/> i. Military Allotments	_____	_____
<input type="checkbox"/> j. Gaming Distributions & Casino Profit Sharing	_____	_____
<input type="checkbox"/> k. Other Income(specify) _____	_____	_____

If a parent in the home pays child support for a child not in the home, enter the total of the child support for the month the petition was filed. Amount: \$ _____

Case Name _____
Case # _____

Initial/update *A.*
Ruvu

MEDICAL DATA	
Primary Physician	
Physician's Last Name _____	First Name _____ MI _____
Address: _____	City _____ State _____ Zip _____
Telephone _____	
Recent Check-ups:	
Date of Last Physical _____	
Date physician signed report _____	Was copy given to foster parents? Yes <input type="checkbox"/> No <input type="checkbox"/>
Date of Last Dental _____	Date report signed _____
FORWARD COPIES OF MEDICAL AND DENTAL REPORTS TO FIA.	

INDICATE ANY IMMUNIZATION HISTORY KNOWN

SHOTS	FIRST	SECOND	THIRD	FOURTH	FIFTH
	DATE	DATE	DATE	DATE	DATE
DTP	_____	_____	_____	_____	_____
Polio	_____	_____	_____	_____	_____
TB Test	_____	_____	_____	_____	_____
Hep. B	_____	_____	_____	_____	_____
MMR	_____	_____	_____	_____	_____
Other :	Type _____	Date given _____			

OTHER INSURANCE	
<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	Name of Insurance Company: _____
Policyholder's Last Name _____	First Name _____ SSN _____
Employer: _____	Employer's Address _____ City _____
Group/Policy # _____	Certificate/Contract# _____
Service/Coverage Code: _____	

CASEMANGER'S SIGNATURE _____	DATE / / _____
SUPERVISOR'S SIGNATURE _____	DATE / / _____

CP-8 DATA ELEMENT DESCRIPTIONS

A table of all the data elements entered within this module. For each item, describe its range of acceptable values. Designate items as being required for ASSIST, CIS,

LICENSING or AFCARS (and any combination thereof). Also describe what other modules check these values.

Show validation tables of combinations of data. Are there data dependencies?
All the Elements printed on the FIA 719 Report.

ELEMENT NAME	DESCRIPTION	Source Section in SWSS	TYPE - Alpha, numeric, A/N	SIZE	REQUIRED/ OPTIONAL/ CONDITIONAL	Section on Output/ Report	C A P D
Contract Agency	Name of the Contract Agency	None	Alpha	30		Header	F
Local FIA Office	Name of the Local FIA office	None	Alpha	30		Header	F
Contract Agency Worker's Name	Name of the Contract Agency Worker	None	Alpha	30		Header	F
FIA Worker's Name	Name of the FIA Worker	Case Registration	Alpha	30	Required	Header	F
Case Name	Name of Case	Case Registration	Alpha	40	Required	Header	F
Case Number	CIS Number of Case	Case Registration	Alpha	30	Required	Header	F
Log Number	Log Number of the Case	Case Registration	Numeric	12	Required	Header	F
Telephone	Telephone No. of FIA worker	User Section	Alphanumeric	20	Required	Header	F
Last Name	Last Name of the Child /Youth	Registration/Child Screen	Alpha	30	Required	Child Information	F
First Name	First Name of the Child /Youth	Registration/Child Screen	Alpha	30	Required	Child Information	F
Middle Initial	First Char of Middle Name	Registration Screen	Alpha	1	Optional	Child Information	F
AKA Name	AKA Name	Registration Screen	Alpha	30	Optional	Child Information	F
Case Number	CIS Number of Case	Case Registration	Alpha	30	Required	Child Information	F
Recipient Number	Recipient Number of the Child	Case Registration/ Child Info Section	Alphanumeric	12	Required	Child Information	F

Sex	Child's Sex	Case registration / Child Info	Alpha	1	Required	Child Information	F
DOB	Date Of Birth	Case Registration / Child Info	Numeric	8	Required	Child Information	F
DOB Estimated	Date Of Birth estimated	Child Info	Alpha	1	Required	Child Information	F
Religion code	Religion Code of child	Child Info	Alpha	2	Optional	Child Information	F
Previously adopted	Answer of : If child was previously adopted	Child Info	Alpha	1	Optional	Child Information	F
Age at Previous Adoption	Age of child at the previous adoption	Child Info	Numeric	2	Conditional	Child Information	F
Language Code	Language of child	Child Info	Alpha	2	Optional	Child information	F
SSN	Social Security Number of child	Child Info	Alpha	10	Optional	Child information	F
Primary Race	Primary Race of child	Child Info	Alpha	2	Optional	Child information	F
Secondary Race 1	First Secondary Race of child	Child Info	Alpha	2	Optional	Child information	F
Secondary Race 2	Second Secondary Race of child	Child Info	Alpha	2	Optional	Child information	F
Migrant	Is child migrant	Child Info	Alpha	1	Optional	Child information	F
Hispanic ethnicity	Hispanic ethnicity of child	Child Info	Alpha	1	Optional	Child information	F
Question: "Does child have any North American Indian Heritage?" asked	If Question about American Indian Heritage asked	Child Info	Alpha	1	Optional	Child information	F
Tribal Documentation	Status of tribal documentation	Child Info	Alpha	1	Optional	Child information	F
Tribe	Tribe	Child Info	Alpha	30	Optional	Child information	F
Recommended type of Foster Home	Recommended Foster home type	Child Info	Alpha	1	Optional	Child information	F

Recommended No. of Foster Parents	Recommended number of foster parents	Child Info	Alpha	1	Optional	Child Information	F
Recommended Foster Home is coed	Is recommended Foster home is coed	Child Info	Alpha	1	Optional	Child information	F
Handicap code	Code for the type of handicap condition of child	Child Info	Alpha	8	Optional	Child information	F
Date of Adjudication	Court order date	Legal	Numeric	8	Optional	Legal Data	F
Legal Status	Legal Status Code	Legal	Numeric	2	Optional	Legal Data	F
Last hearing date	Last court hearing date	Legal	Numeric	8	Optional	Legal Data	F
Type of Hearing	Type of current court hearing	Legal	Alpha	30	Optional	Legal data	F
Next hearing date	Next court hearing date	Legal	Numeric	8	Optional	Legal data	F
Foster Parent's Name(s)	Name(s) of the foster parents	Placement	Alpha	60	Optional	Placement Data	F
Foster parent's Date of Birth	Date of birth of foster parents	Placement	Numeric	8	Optional	Placement Data	F
Foster Parent's Race	Primary race of Foster Parents	Placement	Alpha	2	Optional	Placement data	F
Foster parent's Hispanic ethnicity	Hispanic ethnicity of parents	Placement	Alpha	1	Optional	Placement data	F
Foster parent's SSN	Foster parent's SSN	Placement	Numeric	10	Optional	Placement data	F
Address	Foster Parent's address	Placement	Alpha	120	Optional	Placement data	F
City	Foster parent's city	Placement	Alpha	30	Optional	Placement data	F
State code	Foster parent's state code	Placement	Alpha	2	Optional	Placement data	F
Zip : Zip Plus	Foster parent's zip code	Placement	Numeric	20	Optional	Placement	F
Foster Family Structure code	Family structure code of Foster Family	Placement	Numeric	1	Optional	Placement	F
Agency Number	Placement agency number	Placement	Numeric		Optional	Placement	F
Provider Number	Provider number	Placement	Numeric		Optional	Placement	F

Placement Begin Date	Date the placement begun	Placement	Numeric	8	Optional	Placement	F
School District	School District code	Education	Numeric	3	Optional	Education Data	F
Name Of School	Name of the school	Education	Alpha	40	Optional	Educational data	F
Address	Address of School	Education	Alpha	60	Optional	Educational data	F
City	City of School	Education	Alpha	30	Optional	Educational data	F
State code	State code of School	Education	Alpha	2	Optional	Educational data	F
Zip : Zip Plus	Zip code of school	Education	Numeric	20	Optional	Educational data	F
Telephone	Phone Number of School	Education	Alphanumeric	30	Optional	Educational data	F
Fax No	Fax number of School	Education	Alphanumeric	30	Optional	Educational data	F
Type Of Education	Code of Education type	Education	Alpha	2	Optional	Educational data	F
School Program	School program code	Education	Alpha	2	Optional	Educational data	F
Grade	Grade of child	Education	Alpha	2	Optional	Educational data	F
Attended From	Child attended school from date	Education	Numeric	8	Optional	Educational	F
To	Child attended school to date	Education	Numeric	8	Optional	Educational	F
Special Education code	Code for Special education	Education	Alpha	4	Optional	Educational data	F
Copy of IEP has been received	If copy of IEP has been received	Education	Alpha	1	Optional	Educational data	F
Does the Agency have parental consent to enroll child in Special Education	If parental consent to enroll child in Special Education	Education	Alpha	1	Optional	Educational data	F
Name	Member's Name	Member Info	Alpha	60	Optional	Member Data	F
Relation	Relationship code of member to child	Member Info	Alpha	2	Optional	Member data	F
Address	Address of the member	Member Info	Alpha	120	Optional	Member data	F
City	City of the member	Member Info	Alpha	30	Optional	Member data	F

State Code	State code of member	Member info	Alpha	2	Optional	Member data	F
Zip : Zip Plus	Zip code of member	Member Info	Alpha	20	Optional	Member data	F
Phone	Phone No of member	Member info	Alpha	15	Optional	Member data	F
Alternate phone	Alternate phone number of member	Member info	Alpha	15	Optional	Member data	F
Sex	Member's sex	Member info	Alpha	1	Optional	Member data	F
DOB	Date of Birth of member	Member info	Numeric	8	Optional	Member data	F
DOB Estimated	Date of Birth Estimated	Member Info	Alpha	1	Optional	Member data	F

CP-9 HELP MESSAGES

There are to be three levels of help available: Screen, which describes how the process for the current module is supposed to work, Context-Sensitive, which describes a particular data field on the screen, and Status Panel, which offer hints about the field or command button with the current focus.

- 4.2 SCREEN (Section or Module level. Offers an entry point to the big help file.)
- 4.3 CONTEXT-SENSITIVE ("F1", aka "detail" aka "Louie light fingers")
- 4.4 STATUS PANEL MESSAGES (formerly known as "Field Level" and "Baby" before that.)

CP-10 MODULE DEPENDENCIES

How does the data entered in this module effect the system flow within this module (or beyond the scope of this module, if appropriate). For instance, in Legal, the legal status selected determines what functions are available to the user. Also in Legal, the petition type selected determines what functions are available to the user. This may not apply to every module in SWSS.

There is no data input directly into this module by the user. When this module is used, it collects and assembles into a form data from other modules. The absence of data in those modules does not prevent this module from printing. However, this module does require that the case at least be in a registered status.

CP-11 SCENARIOS

The requirements scenarios that call for data entered by this module.

CP-12 test plan

CP-13 Source Material

The following items are included for historical purposes only. The current requirements were derived from this source material, and are, in places, out of date, incorrect, or conflicting.

CP-13.1 Original Requirement

CHILDREN'S SWSS
REQUIREMENTS FORM

Assigned Policy Analyst:	Sheila Roberts
Date Received By BuIS:	4-15-98
Requirement # (from BuIS):	1-99

TOPIC:
CONTRACT AGENCY FOSTER CARE DATA REPLY

1. BUSINESS PROCESS. Describe the current business process for the requested enhancement. Be specific. Include all forms, documents, letters and services manual policy related to the procedure. Prior to the completion of this form, discuss this process with the pilots to determine how this procedure is done in their county. Resolve discrepancies and work out any conflicts with current policy.

(THROUGHOUT THIS DOCUMENT THE FOSTER CARE WORKER FOR THE CONTRACT AGENCY WILL BE REFERRED TO AS THE AGENCY WORKER. THE FOSTER CARE WORKER HANDLING POS CASES FOR FIA IS REFERRED TO AS THE FIA WORKER).

Most of the foster care cases that an FIA worker receives will come through the PS transfer process. The PS worker will have collected some of the information that will be critical to the foster care worker who will be opening the case. The additional case data that is required for the opening of the foster care case will have to be gathered at the foster care level. For the foster care worker who handles direct foster care cases (cases that are exclusively serviced by the FIA foster care worker) the assigned worker can gather this additional data. However, for the FIA worker who primarily handles purchase of service cases, gathering this additional data requires relying on the agency worker.

At the point that the PS worker has generated a case to the FIA worker (a worker who has responsibility for foster care cases being serviced by a private contract agency), the POS agency's worker's (a worker for the private agency who services the foster care case) efforts become essential in assisting the FIA worker in getting the necessary information to open a case for payment. Not all of the information received in the transfer will be accurate or complete enough to assist the FIA worker in opening a case for payment. In most instances, the FIA worker will not have had any contact with the family receiving the foster care services. The agency worker will need to provide the FIA worker with the additional information necessary to open the case for payment; facilitate gathering of AFCARS data and complete licensing requirements. Currently the information coming into the FIA worker from the contract agency is often delayed and incomplete. The implementation of SWSS could automate this process allowing the POS agency to provide FIA with this information on a more timely basis.

2. SWSS INTEGRATION. Describe how this process should be integrated into the SWSS application. If applicable, list preceding and subsequent screens to help define system flow. Also include a flow chart whenever possible.

After a case has transferred from PS to foster care, the FIA worker will need to have the capability to electronically generate a document that will be sent to the POS agency for completion. The document will be comprised of the relevant data prefilled from the PS transfer and a number of other data elements that will require responses to be completed by the POS

CONTRACT
DATE PRINTED: 4/13/98

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agency. These elements will be incorporated into this document from the existing screens. Currently there is a format in SWSS that allows for the gathering of data from different locations in the SWSS application. This process facilitates the printing of the perpetrator and referral source notification letters. This same or a similar process could be used here to gather information into one document that would be generated into a hard copy and sent to the POS agency. This form would allow the agency worker to input responses in codes compatible to SWSS. The agency worker would also have the opportunity of changing data that was incorrectly reported by PS.

Once the agency worker has completed the necessary responses the form is returned to the FIA worker. The FIA worker should have the option of inputting the data into the individual SWSS screens or going back to screen that was used to generate the document and inputting the responses. If the form generation screen is used, a checking feature (similar to the spellcheck feature in WORD) needs to be developed and, at this point, would be activated to read the document and stop at the data elements where responses were requested. For those elements that were changed by the agency worker, the FIA worker would have the option of tabbing to that point and inputting that change. The FIA worker should have the capability to start the scrolling of the document from any point where the cursor is placed. Once the FIA worker has completed inputting the information into the form generation screen, a feature is needed to allow the data to populate into the appropriate SWSS screens.

FUTURE ENHANCEMENT:

This process will allow the FIA worker to transmit the document VIA a "dedicated line" to which the private agency would have access. After a case has transferred from PS to foster care, the FIA worker will need to have the capability to electronically transmit to the POS agency the prefilled document. The agency worker would be able to directly input the required responses on to the screens in a terminal. Again, these responses would be in codes compatible to SWSS. The agency worker would also have the capability of changing data that was incorrectly reported by PS.

Once the agency worker has input the necessary data responses, the document is then electronically transmitted to the FIA worker. This process needs to allow both workers to make changes in the document. When the POS agency returns the document to the FIA worker, there needs to be some sort of document return indicator. The FIA worker accesses the reply and WORD begins reading the document and stopping the cursor at the elements that were blank or changed by the agency worker. The FIA worker should have the capability to start the scrolling of the document from any point where the cursor is placed. The FIA worker would be prompted to accept or reject the entry (or lack of) in that field. The accepted responses would be populated into the appropriate SWSS screens. Only accepted responses would populate; this avoids having good data overwritten.

3. DATA ELEMENTS. List and define each input element. Include tables when applicable. If available, use CIS or PSMIS definitions. Use Word document DATAFRM.DOC. Attach completed document to this form.

SEE ATTACHED FORM

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1c

4. **EDITS.** List all; field and cross field edits desired, i.e., acceptable values for each field and how these values affect other fields on this screen or on other screens.

Element Name	Edit Description
Youth Data boxes:	Information that is available after the PS transfer should prefill into these fields.

5. **OUTPUTS.** Describe any reports, mainframe updates, or other system outputs associated with this request. Please include examples of each.

When the information has been received from the private agency the FIA/POS worker will use this info to complete case opening within SWSS. It is also necessary to input this information in order to meet licensing and AFCARS requirements.

It is anticipated that on a quarterly basis this form will be generated with the current data on SWSS, then forwarded to the POS to note any changes or updates and returned to the FIA/POS worker. The FIA/POS worker then reviews and updates, if needed, the information on SWSS.

6. **TRAINING ISSUES*.** Describe any procedures contained in these specifications that have been identified as possible training issues.

POS agencies would have to be trained on the some of the responses related to AFCARS and the issue of gathering and returning this information within a very limited time frame will have to be stressed.

7. **TESTING ISSUES*.** Describe any special situations, changes or functions that will require additional testing as a result of these specifications.

Compilation of data to be transmitted includes all elements
No loss of data in transmission
Data gets entered into appropriate fields
Data only overwrites when requested

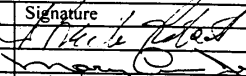
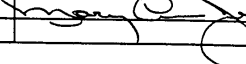
8. **POLICY ISSUES*.** Describe any policy issues that arose as a result of these changes.

None

9. **DEPENDENCIES.** List any dependencies. Include conversions.

There are some conversion issues relating to AFCARS as not all of the data that needs to be reported to AFCARS is currently being gathered. This info has to be gathered and the cases active in foster care at the time of the conversion will have to be updated by 3/31/99 in order to be in compliance with AFCARS reporting requirements.

10. **SIGNATURES**

	Signature	Date
Policy Analyst:		4/13/98
Policy Supervisor:		4/14/98
BuIS Analyst:		

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CP-13.2 Memos

CP-13.2.1 Addendum 1

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: January 9, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Child Placing Agency Case Report Module Documentation -
Addendum 1

It is necessary to amend the Child Placing Agency Case Report Module Documentation Memo of October 12, 1999. After focussed testing (SER # 3001) and discussion with development staff, it was noted that the following clarification is needed:

1. CP-1.2 must be modified to state "... display all the cases (**except those which have been closed or withdrawn**) for the ..."

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean

CP-13.2.2 Addendum 2

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: February 20, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Child Placing Agency Case Report Module Documentation -
Addendum 2

It is necessary to amend the Child Placing Agency Case Report Module Documentation memos of October 12, 1999 and January 9, 2001. After focussed testing (SER #'s 860, 3242, 3249 and 3257) and discussion with development staff, it was noted that the following clarifications are needed:

1. Add a new requirement under CP-5.4: US Citizen Yes or No. If No, Qualified Alien Yes or No with space to add the "Alien status code*"
2. CP-5.4.16, CP-5.4.17, CP-5.4.18 and CP-5.4.19 must be modified to change the word "secondary" to "other".
3. Add a new requirement under CP-5.4: Is child attending school? Yes or No
4. Add a new requirement under CP-5.4: Caretaker family structure* (delete this entry in Member Data)
5. CP-5.4.28 "Description of Disabilities" must include all the disabilities listed on Screen 3 of Child Information including 'none'.
6. CP-5.5.1 must be modified to change the word "adjudication" to "Petition".
7. Add a new requirement under CP-5.5: Petition Type
8. Add a new requirement under CP-5.5: Date Parental Rights of Mother terminated.
9. Add a new requirement under CP-5.5: Date Parental Rights of Father terminated.
10. CP-5.6 must be rearranged as follows:
 - CP-5.6.1 Provider Numbers: Agency # _____ and Foster Home # _____
 - CP-5.6.2 Placement Begin Date
 - CP-5.6.3 Licensed Foster Parents/Relatives name(s)
 - CP-5.6.4 Unlicensed Relatives Name(s) with note in bold that a Member Information page must be completed for each relative.
 - CP-5.6.5 Unlicensed caretaker family structure with an '*'

- CP-5.6.6 through CP 5.6.13 can be deleted.
- 11. CP-5.9 Add an '*'
 - 12. CP-5.10 Add an '*'
 - 13. CP-5.11 Add an '*'
 - 14. CP-5.15 must be modified to include yes or no and the date received.
 - 15. CP-5.16 can be deleted.

CPA Report Addendum 2
February 20, 2001
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- 16. CP-5.8.21, CP-5.8.22, CP-5.8.23 and CP-5.8.24 must be modified to change the word "secondary" to "other."
- 17. The bold print and capital letters must be removed from Hispanic or Latino Ethnicity: Yes, No or Unable to determine. Also Latino must be added to the Member Data page(s).
- 18. Change the heading on the blank Member Data page to say "Data for Additional Case Members"
- 19. CP-5.12 The heading on this page must be Insurance Data (non-Medicaid)
- 20. Please change the wording in the case ID box on pages 2 and following from Tel# to "FIA Worker Tel #".
- 21. The Member Data Section should come after the Child Information Section and then, Legal, Placement, Education and Funding on the form.
- 22. The formatting of page 1 of Funding Source Data section must be changed. See attached. (SER #3242)
- 23. The formatting of page 2 of Funding Source Data section must be changed. See attached. (SER #860)
- 24. CP-5.9.15.11 and CP-5.9.15.12 must be modified to state "Worker's **compensation benefits**" (SER #3249)

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean
Vicki Weller

CP-13.2.3 Addendum 3

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: March 27, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Child Placing Agency Case Report Module Documentation -
Addendum 3

It is necessary to amend the Child Placing Agency Case Report Module Documentation memos of October 12, 1999, January 9, 2001 and February 20, 2001. After discussion with development staff, it was noted that the following items in Addendum 2 did not contain the correct requirement reference:

- 25. Item 11: CP-5.9 Add an '*' (**Requirement # should be CP-5.7.9**)
- 26. Item 12: CP-5.10 Add an '*' (**Requirement # should be CP-5.7.10**)
- 27. Item 13: CP-5.11 Add an '*' (**Requirement # should be CP-5.7.11**)
- 28. Item 14: CP-5.15 must be modified to include yes or no and the date received.
(**Requirement # should be CP-5.7.15**)
- 29. Item 15: CP-5.16 can be deleted. (**Requirement # should be CP-5.7.16**)

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean
Vicki Weller

4.4.1 Addendum 4

STATE OF MICHIGAN
FAMILY INDEPENDENCE AGENCY

MEMORANDUM

To: Sue London, Director
SWSS Project

Date: April 12, 2001

From: Mary Ann Jensen, Consultant
SWSS Policy
Child and Family Services Administration

Subject: Child Placing Agency Case Report Module Documentation -
Addendum 4

It is necessary to amend the Child Placing Agency Case Report Module Documentation memos of October 12, 1999, January 9, 2001, February 20, 2001 and March 27, 2001. After testing the revisions made in response to SER #3257, it was noted that the following requirement is needed.

30. Add a requirement to the Legal Section of this report: Court Report Due Date.

Please let me know if you need additional information.

cc: Carol Kraklan
Sue Doby
Beth Dean
Vicki Weller

CP-14 Test Plans

CP-14.1 Test Plan Created by Policy

CP-14.2 Test Plan Created by SWSS Development

CP-15 outstanding issues

4.5 The following items require a decision or some direction from Policy staff:

5 ATTACHMENTS

5.1 MODULE PREFIXES TO BE USED FOR REQUIREMENTS

MODULE	TABLE
CASE LISTING	CL
MAIN MENU	MM
CASE REGISTRATION	CR
CHILD INFO	CI
MEMBER INFO	MI
LEGAL	LE
FUNDING DETERMINATION	FD
PLACEMENT	PL
PAYMENT	PA
EDUCATION	ED
MEDICAID	MA
MEDICAL PASSPORT	MP
FIVE DAY PACKET	FP
COMMENTS	CO
CASE SUMMARY	CS
CASE CLOSING	CC
MARE	MR
ADOPTION ACTIVITY	AA
REPORT GENERATION	RG
TICKLERS	TI
PROVIDERS	PR
UTILITIES	UT
LOGIN	LO
SECURITY	SC
PRINT133A	P1
PRINT5S	5S
ACTION SUMMARY	AS
CPA CASE REPORT	CP
PS XFER	PX
CONVERSION	CV
SOUNDEX	SO
COMMON	CM
RECONCILIATION	JTL